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## BIB DATA SHEET

CONFIRMATION NO. 4485

<b>SERIAL NUMBER</b> 10/555,918	<b>FILING or 371(c) DATE</b> 10/05/2006 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 4118	<b>ATTORNEY DOCKET NO.</b> 460-37	
<b>APPLICANTS</b> Heino Hermeking, Wuppertal, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE04/00961 05/06/2004 <b>** FOREIGN APPLICATIONS *****</b> GERMANY 103 20 584.5 05/07/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/27/2007					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /TIMOTHY J GOSART/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Thomas M. Galgano 20 W. Park Avenue Suite 204 Long Beach, NY 11561 UNITED STATES					
<b>TITLE</b> Iris prothesis system					
<b>FILING FEE RECEIVED</b> 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		